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PTO/SB/05 (03/01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

*Attorney Docket Number***KLYC-01056USE***Inventor*

James F. Zucherman et al.

*Title***Method for Lateral Implantation of Spinous Process Spacer***Express Mail Label No.***EV 386 447 241 US****APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning Utility Patent Application Contents

ADDRESS TO: Commissioner for PatentsMail Stop Patent Application
Alexandria, VA 22313-1450

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) (in duplicate for fee processing) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer program (Appendix) |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status (See 37 CFR 1.27) | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above |
| 3. <input checked="" type="checkbox"/> Specification Total Pages <u>55</u> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> ■ Descriptive Title of the invention ■ Cross Reference to Related Applications ■ Statement Regarding Fed Sponsored R & D ■ Reference to Sequence Listing, a table or computer program listing Appendix ■ Background of the Invention ■ Brief Summary of the Invention ■ Brief Description of the Drawing(s) (if filed) ■ Detailed Description ■ Claim(s) <u>47</u> ■ Abstract of the Disclosure | 9. <input type="checkbox"/> Assignment Papers (Cover Sheet & Document(s)) Total Pages _____ |
| 4. <input checked="" type="checkbox"/> Formal Drawing(s) (35 USC 113) Total Sheets <u>65</u> | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> |
| 5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <u>8</u> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly Executed b. <input checked="" type="checkbox"/> Copies from prior applications 08/958,281; 09/175,645; 08/778,093 (37 CFR 1.63(d)) <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Total Pages <u>2</u> | 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 Total Pages <u>4</u> | 12. <input type="checkbox"/> Information Disclosure Statement IDS (IDS/PTO-1449) Total Pages Citations |
| | 13. <input type="checkbox"/> Preliminary Amendment Total Pages |
| | 14. <input checked="" type="checkbox"/> Return Postcard, specifically itemized (MPEP 503) |
| | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> |
| | 16. <input type="checkbox"/> Nonpublication Request under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| | 17. <input type="checkbox"/> Other |

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No: 09 / 842,756Prior application information: Examiner: David O. Reip Group/Art Unit: 3731

For Continuation or Divisional Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS Customer Number 23910 or Correspondence Address below

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| Signature | | | Date | March 1, 2004 |

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PTO/SB/17 (10/02) (modified)
 Approved for use through 04/30/2003, OMB 0651-0032
 Patent and Trademark Office; US DEPARTMENT OF COMMERCE

2003

FEE TRANSMITTAL**TOTAL AMOUNT OF PAYMENT**Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$() 843.00)**

| Complete if Known | |
|--------------------------|---------------------------|
| Application Number | Divisional of 09/842,756 |
| Filing Date | March 1, 2004 |
| Inventor | James F. Zucherman et al. |
| Group Art Unit | 3732 |
| Examiner Name | David O. Reip |
| Attorney Docket Number | KLYC-01056USE |

| METHOD OF PAYMENT | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | 3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code/Fee</th> <th style="text-align: left;">Small Entity Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Due</th> </tr> </thead> <tbody> <tr><td>1051/\$130</td><td>2051/\$65</td><td>Surcharge - late filing fee or oath</td><td style="text-align: right;">[]</td></tr> <tr><td>1052/\$50</td><td>2052/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td style="text-align: right;">[]</td></tr> <tr><td>1812/\$2,520</td><td>1812/\$2,520</td><td>For filing a request for reexamination</td><td style="text-align: right;">[]</td></tr> <tr><td>1251/\$110</td><td>2251/\$55</td><td>Extension for response within first month[†]</td><td style="text-align: right;">[]</td></tr> <tr><td>1252/\$420</td><td>2252/\$210</td><td>Extension for response within second month[†]</td><td style="text-align: right;">[]</td></tr> <tr><td>1253/\$950</td><td>2253/\$475</td><td>Extension for response within third month[†]</td><td style="text-align: right;">[]</td></tr> <tr><td>1254/\$1,480</td><td>2254/\$740</td><td>Extension for response within fourth month[†]</td><td style="text-align: right;">[]</td></tr> <tr><td>1255/\$1,970</td><td>2255/\$985</td><td>Extension for response within fifth month[†]</td><td style="text-align: right;">[]</td></tr> <tr><td>1401/\$320</td><td>2401/\$160</td><td>Notice of Appeal</td><td style="text-align: right;">[]</td></tr> <tr><td>1453/\$1,300</td><td>2453/\$650</td><td>Petition to revive unintentionally abandoned application</td><td style="text-align: right;">[]</td></tr> <tr><td>1501/\$1,330</td><td>2501/\$665</td><td>Utility Issue Fee (Or Reissue)</td><td style="text-align: right;">[]</td></tr> <tr><td>1502/\$470</td><td>2502/\$235</td><td>Design Issue Fee</td><td style="text-align: right;">[]</td></tr> <tr><td>1460/\$130</td><td>1460/\$130</td><td>Petitions to the Commissioner</td><td style="text-align: right;">[]</td></tr> <tr><td>1814/\$110</td><td>2814/\$55</td><td>Statutory Disclaimer</td><td style="text-align: right;">[]</td></tr> <tr><td>1806/\$180</td><td>1806/\$180</td><td>Submission of Information Disclosure Statement</td><td style="text-align: right;">[]</td></tr> <tr><td>8021/\$40</td><td>8021/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td style="text-align: right;">[]</td></tr> <tr><td>1809/\$750</td><td>2809/\$375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td style="text-align: right;">[]</td></tr> <tr><td>1801/\$770</td><td>2801/\$385</td><td>Request for Continued Examination (RCE)</td><td style="text-align: right;">[]</td></tr> <tr><td colspan="4" style="text-align: center;">Other fee (specify): []</td></tr> <tr><td colspan="4" style="text-align: center;">Other fee (specify): []</td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1) (\$ 385)</td> <td colspan="2" style="text-align: right;">SUBTOTAL (3) (\$ 0)</td> </tr> <tr> <td colspan="2"> 2. 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| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1251/\$110 | 2251/\$55 | Extension for response within first month [†] | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252/\$420 | 2252/\$210 | Extension for response within second month [†] | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1401/\$320 | 2401/\$160 | Notice of Appeal | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1453/\$1,300 | 2453/\$650 | Petition to revive unintentionally abandoned application | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1501/\$1,330 | 2501/\$665 | Utility Issue Fee (Or Reissue) | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1502/\$470 | 2502/\$235 | Design Issue Fee | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460/\$130 | 1460/\$130 | Petitions to the Commissioner | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1814/\$110 | 2814/\$55 | Statutory Disclaimer | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806/\$180 | 1806/\$180 | Submission of Information Disclosure Statement | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8021/\$40 | 8021/\$40 | Recording each patent assignment per property (times number of properties) | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809/\$750 | 2809/\$375 | Filing a submission after final rejection (37 CFR 1.129(a)) | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1801/\$770 | 2801/\$385 | Request for Continued Examination (RCE) | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) (\$ 385) | | SUBTOTAL (3) (\$ 0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code/Fee</th> <th style="text-align: left;">Small Entity Fee Code/Fee</th> <th style="text-align: left;">Fee Description</th> </tr> </thead> <tbody> <tr><td>1202/\$18</td><td>2202/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>1201/\$86</td><td>2201/\$43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203/\$280</td><td>2203/\$140</td><td>Multiple dependent claim</td></tr> <tr><td>1204/\$86</td><td>2204/\$43</td><td>Reissue independent claims over original patent</td></tr> <tr><td>1205/\$18</td><td>2205/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> | | Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | 1202/\$18 | 2202/\$9 | Claims in excess of 20 | 1201/\$86 | 2201/\$43 | Independent claims in excess of 3 | 1203/\$280 | 2203/\$140 | Multiple dependent claim | 1204/\$86 | 2204/\$43 | Reissue independent claims over original patent | 1205/\$18 | 2205/\$9 | Reissue claims in excess of 20 and over original patent | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(Col. 1)</th> <th style="text-align: center;">(Col. 2)</th> <th style="text-align: center;">(Col. 3)</th> <th style="text-align: center;">Fee</th> <th style="text-align: center;">Fee Due</th> </tr> <tr> <th style="text-align: center;">For</th> <th style="text-align: center;">No. of Existing Claims</th> <th style="text-align: center;">Highest No. Previously Paid For</th> <th style="text-align: center;">Extra**</th> <th style="text-align: center;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">47</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">20 or</td> <td style="text-align: center;">= 27</td> </tr> <tr> <td style="text-align: center;">INDEP</td> <td style="text-align: center;">8</td> <td style="text-align: center;">minus*</td> <td style="text-align: center;">3 or</td> <td style="text-align: center;">= 5</td> </tr> <tr> <td colspan="2" style="text-align: center;">[] First presentation of multiple dependent claim</td> <td style="text-align: center;">x 9</td> <td style="text-align: center;">x 43</td> <td style="text-align: center;">= 243</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td style="text-align: center;">= 215</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td style="text-align: center;">= 0</td> </tr> </tbody> </table> | | (Col. 1) | (Col. 2) | (Col. 3) | Fee | Fee Due | For | No. of Existing Claims | Highest No. Previously Paid For | Extra** | | TOTAL | 47 | minus* | 20 or | = 27 | INDEP | 8 | minus* | 3 or | = 5 | [] First presentation of multiple dependent claim | | x 9 | x 43 | = 243 | | | | | = 215 | | | | | = 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202/\$18 | 2202/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201/\$86 | 2201/\$43 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203/\$280 | 2203/\$140 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204/\$86 | 2204/\$43 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205/\$18 | 2205/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Col. 1) | (Col. 2) | (Col. 3) | Fee | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | No. of Existing Claims | Highest No. Previously Paid For | Extra** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 47 | minus* | 20 or | = 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | 8 | minus* | 3 or | = 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] First presentation of multiple dependent claim | | x 9 | x 43 | = 243 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | = 215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | = 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Subtract the greater number of Col. 2 | | | | SUBTOTAL (2) (\$ 458) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|-----------------------|--|---------------------------------|---------------|
| Typed or Printed Name | | Sheldon R. Meyer | |
| Signature | | Date | March 1, 2004 |

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventor: James F. Zucherman et al.

Appl. No.: Division of 09/842,756

Filed: March 1, 2004

Title: Method for Lateral Implantation of Spinous
Process Spacer

PATENT APPLICATION

Art Unit: 3731

Examiner: David O.Reip

Customer No. 23910

**STATEMENT REQUESTING DELETION OF
INVENTOR(S) UNDER 37 CFR §1.63(d)**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The present above-captioned application is a divisional application. Copies of executed oaths or declarations filed in prior applications, for which priority is claimed, are enclosed herewith, as allowed under 37 CFR §1.63(d)(1). Less than all the persons named as inventors in the oaths or declarations filed for the prior applications should be named in the present application.

STATEMENT: In accordance with 37 CFR §1.63(d)(2), the deletion of the following name(s), which were listed on the executed oaths or declarations, is requested. This deletion is requested because these persons are not an inventor of the claimed invention of the present application:

- (1) T. Wade Fallin
- (2) Charles J. Winslow
- (3) _____
- (4) _____

In accordance with 37 CFR §1.33(a), the undersigned, making the above STATEMENT, is:

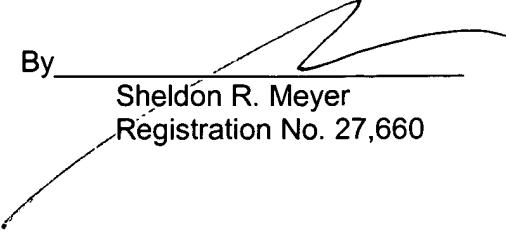
- A registered attorney or agent of record appointed under 37 CFR §1.34(b), or acting in a representative capacity under 37 CFR §1.34(a).
- An assignee as provided for under 37 CFR §3.71(b).

No fee is required.

Respectfully submitted,

Date March 1, 2004

By


Sheldon R. Meyer
Registration No. 27,660

Fliesler Meyer LLP
Four Embarcadero Center, Fourth Floor
San Francisco, California 94111-4156
415/362-3800 Telephone
415/362-2928 Fax